

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>	Docket Number (Optional) SHO-0042
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Application Number 10/697,081-Conf. #9728	Filed October 31, 2003
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For **GAMING MACHINE**

Art Unit 3714	Examiner E. M. Thomas
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This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

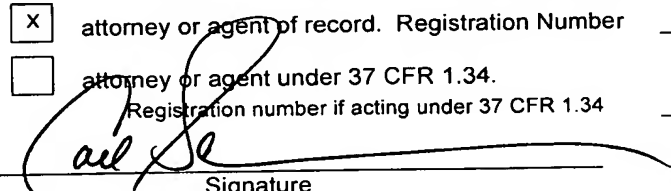
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$ <u>490.00</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$ _____

- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-0013.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record. Registration Number 29,211
- ☐ attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____

 _____ Signature	_____ Date April 3, 2009
_____ Typed or printed name Carl Schaukowitch	_____ Telephone Number (202) 955-3750

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 form is submitted.



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_____ Carl Schaukowitch Typed or printed name		_____ (202) 955-3750 Telephone Number	
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